

Name in Full

Certificate of Death

Snyder B. Bouchell

Town

County

Died at

MARYLAND

1903 Month Day Y. M. D. Native of Occupation

Date ~~189~~ 9 5 Age 47 Ind.

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

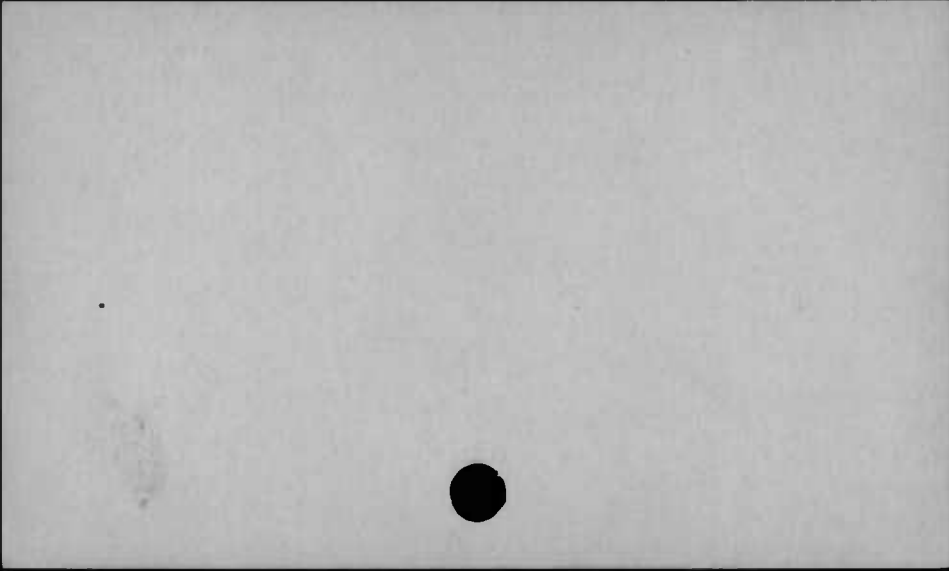
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FEBER



Name
in
Full

William Henry Cox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---------------------------------------|---------------------|-------------------------------|---------------|------------------|
| Died at <i>Frenchtown</i> | | County <i>Cecil</i> | | MARYLAND | |
| Date of death 190 | <i>3</i> | Month <i>Sept</i> | Day <i>22</i> | Age <i>24</i> | Months <i>24</i> |
| Sex <i>Male</i> | Color or Race <i>Col</i> | | Birth-place <i>Harford Co</i> | | |
| Married, Single or Widowed <i>Single</i> | Occupation <i>Labourer</i> | | | | |
| Name of Wife or Husband | | | | | |
| Father's Name <i>Wm James A</i> | Father's Birthplace <i>Harford Co</i> | | | | |
| Mother's Maiden Name <i>Virginia B Cox</i> | Mother's Birthplace <i>11</i> | | <i>11</i> | | |
| Name of person giving information <i>Virginia B Cox</i> | How related to deceased <i>Mother</i> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Supposed to have been</i> | How long |
| Immediate <i>Killed by Car.</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Wm S. Caroley</i> |
| | Address <i>Elkton Md</i> |
| Accident or Suicide? | |



Name In Full

Certificate of Death

Mary Dorsey

6 Dist.

Town
CecilaCounty
Cecil

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 19 03

4 28

Age 78 9 5

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

William Dorsey 40.

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Carcinoma of Liver

How long sick

2 mos

Death

Immediate

Exhaustion.

~~Accident, Suicide, Homicide~~

Reported by

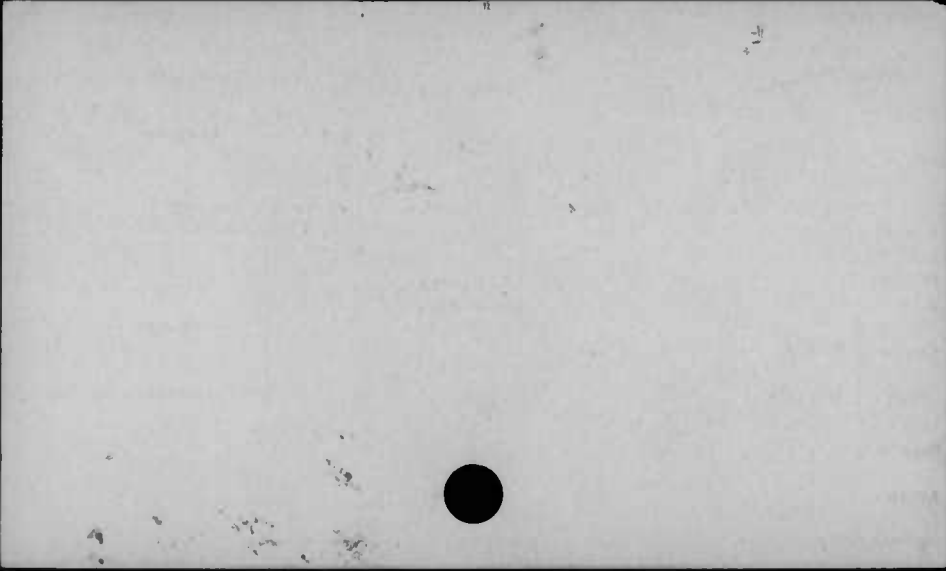
Ernest Rouland

Address

Liberty-Grove, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75808



Name
in
Full

J. Howard Eddidge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Cecilton

Town

County

Leslie

MARYLAND

Date

of death 1903

Month

9

Day

4

Age

Years

67

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Philadelphia, Pa

Married, Single
or Widowed

Single

Occupation

Farmer.

Name of Wife or
HusbandFather's
Name

Giffen M. Eddidge

Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Willie L. by

How related
to deceased

None

CAUSES OF DEATH

Primary

How long

Immediate

Cerebral Haemorrhage

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

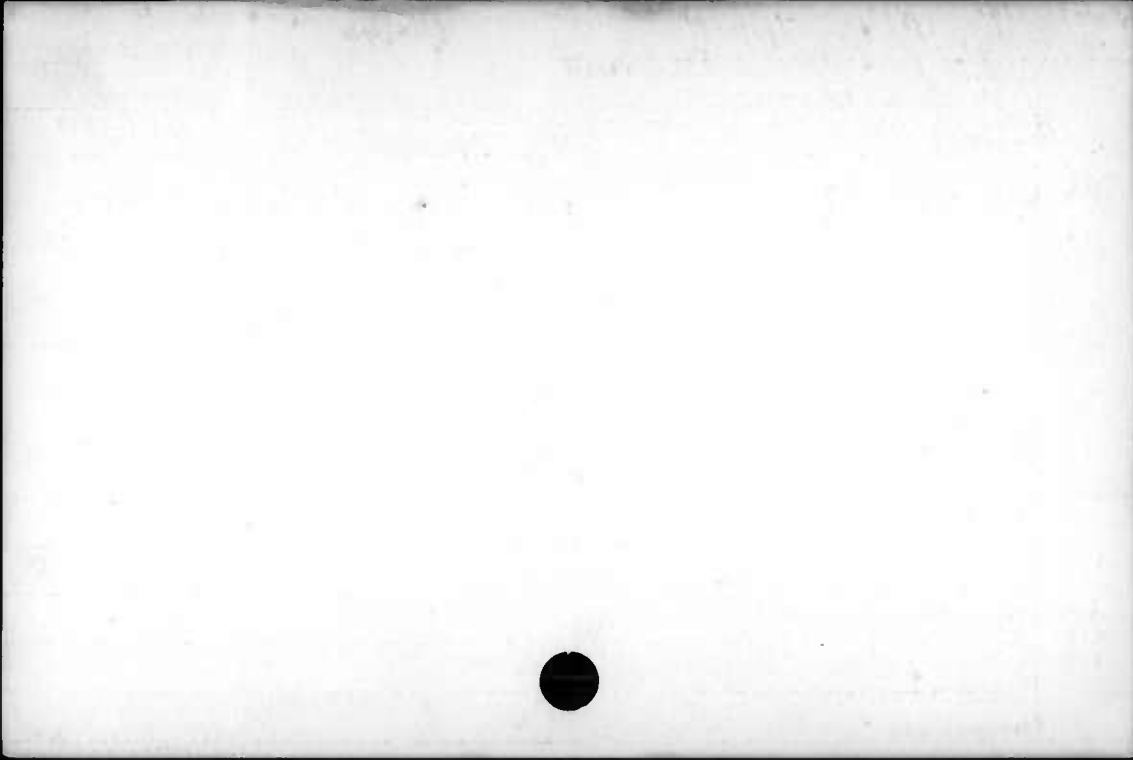
R. M. Black

Address

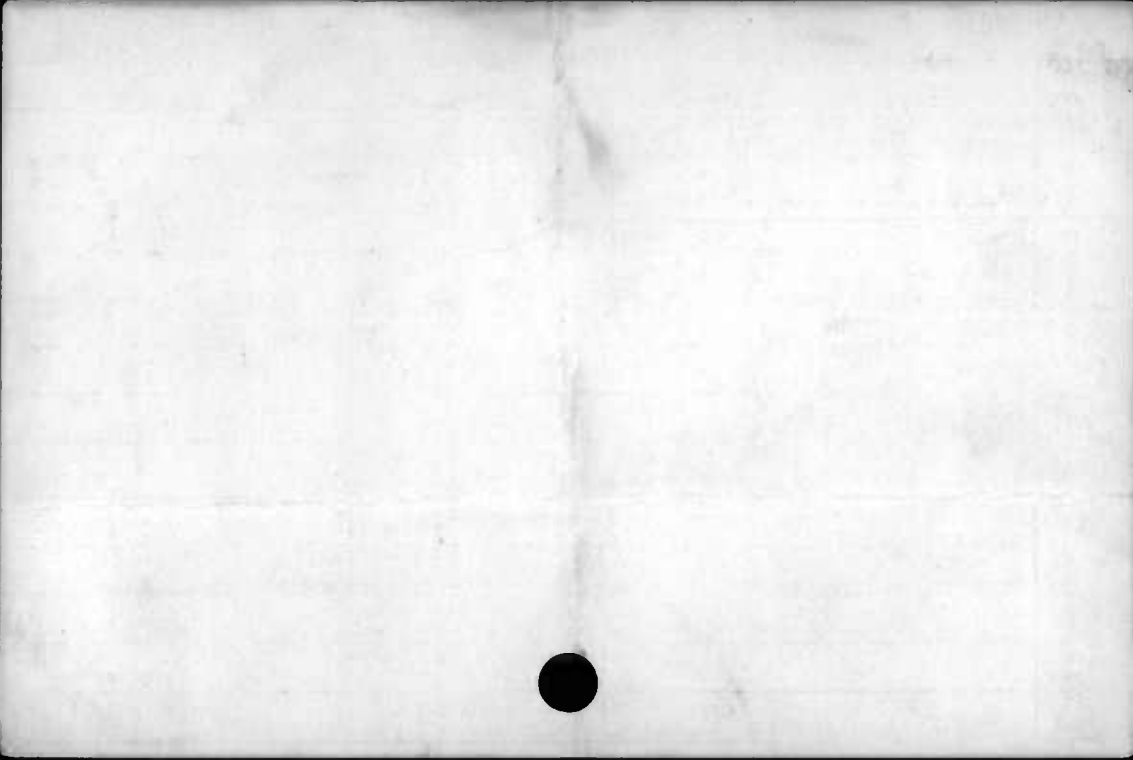
Cecilton.

Accident or Suicide?

PHYSICIAN
OR CORONER



| | | | |
|---|--|---|---|
| Name in Full John E Haeneis | | 8 th District CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at Cenowingo Town | | County Local |
| | Date of death 190 3 Month Sept Day 3 Years Age 6 months Months 6 Days | | |
| | Sex Male | | Color or Race Colored |
| | Married, Single or Widowed Single | | Occupation none |
| | Name of Wife or Husband | | |
| | Father's Name John E Haeneis | | Father's Birthplace Cenowingo |
| | Mother's Maiden Name Venus Hopkens | | Mother's Birthplace Port Deposit |
| Name of person giving information John E Haeneis | | How related to deceased Father | |
| CAUSES OF DEATH | | | |
| PHYSICIAN OR CORONER | Primary | | How long 3 or 4 days. |
| | Immediate Convulsion | | How long 2 hours |
| | Are the name, age, sex, color, date and place correctly given above? yes | | Signature of Physician S. M. Fogaw |
| | . | | Address Cenowingo Md. |
| Accident or Suicide? | | | |



Name
in
Full

Samuel K Lewis 3 dish-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-------------------------------|--------------------------------|--|-----------------|---------------|
| Died at <u>Elkton</u> ^{Town} | | <u>Cecil</u> ^{County} | | MARYLAND | |
| Date of death 190 <u>3</u> | Month <u>Sept</u> | Day <u>2</u> | Age <u>47</u> | Months _____ | Days _____ |
| Sex <u>Male</u> | Color or Race <u>white</u> | | Birth- place <u>Ind</u> | | |
| Married, Single or Widowed <u>Single</u> | | Occupation <u>Painter</u> | | | |
| Name of Wife or Husband _____ | | | | | |
| Father's Name <u>Edward Lewis</u> | | | Father's Birthplace <u>Ind</u> | | |
| Mother's Maiden Name <u>Sarah A. Kirk</u> | | | Mother's Birthplace <u>"</u> | | |
| Name of person giving Information <u>Mary, P. Lewis</u> | | | How related to deceased <u>Sister</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--------------------------------|---------------------------|------------------------------|
| Primary | <u>Tuberculosis Pulmonary</u> | How long | |
| Immediate | <u>Meningitis (Tubercular)</u> | How long | <u>2 wks</u> |
| Are the name, age, sex, color, date and place correctly given above? | <u>Yes</u> | Signature of Physician | <u>H. Arthur Mitchell MD</u> |
| | | Address | <u>Elkton Md.</u> |
| Accident or Suicide? <u>_____</u> | | | |

98

Name
in
Full

John McClorey

30 Oct -

CERTIFICATE OF DEATH

Died at Childs Town

County

Accil

MARYLAND

Date

of death 1903

Month

Sept

Day

5

Years

Age

57

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Md

Married, Single
or Widowed

Widowed

Occupation

Blacksmith

Name of Wife or
HusbandFather's
Name

Samuel McClorey Jr.

Father's
Birthplace

Md

Mother's
Maiden NameMother's
BirthplaceName of person giving
in formation

Mrs Harry Webber

How related
to deceased

Sister in Law

CAUSES OF DEATH

Primary

Pulmonary tuberculosis

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. S. Whitaker
Cherry Hill

Accident or Suicide?

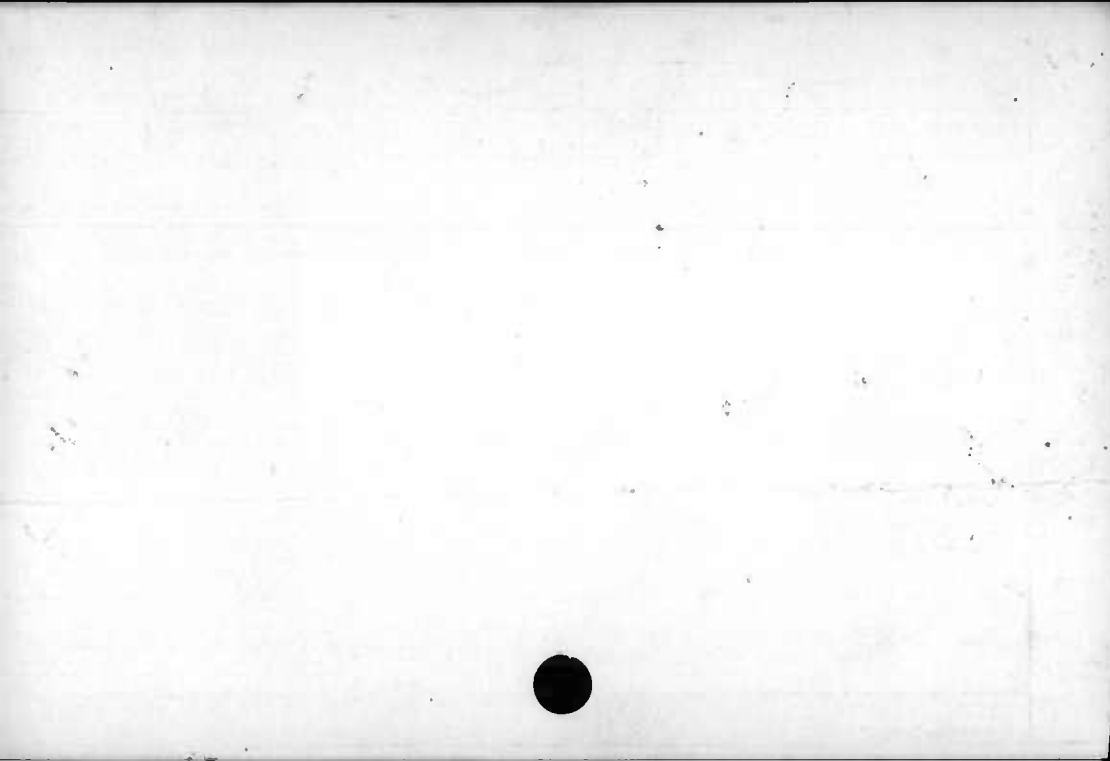
Ma

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

28



| | | | | | | | | | |
|--|--|-----------------------------------|--------|------------------------|---------------|-------------------------|----------|---------------|-------------|
| Name in Full | | Samuel Harvey Rowland Morrison | | | | 60101 | | | |
| | | | | | | CERTIFICATE OF DEATH | | | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Rowland | County | | MARYLAND | | |
| | | Near Rowlandville | | Cecil | | | | | |
| | | Date of death 1903 | Month | Day | Years | Months | Days | | |
| | | 2 | Sept | 27 | 4 | 7 | 17 | | |
| | | Sex | male | | Color or Race | white | | Birth-place | Cecil Co Md |
| | | Married, Single or Widowed | Single | | Occupation | Farmer | | | |
| | | Name of Wife or Husband | | | | | | | |
| Father's Name | | Matthew Morrison | | | | Father's Birthplace | | Harford Co Md | |
| Mother's Maiden Name | | Martha Jane McHenry | | | | Mother's Birthplace | | Cecil Co Md | |
| Name of person giving information | | Margaret L Morrison | | | | How related to deceased | | Sister | |
| CAUSES OF DEATH | | | | | | | | | |
| PHYSICIAN OR CORONER | | Primary | | | | How long | | | |
| | | Acute Typhilitis. (Exhaustion) | | | | About 5 weeks | | | |
| | | Immediate | | | | How long | | | |
| | | Subacute peritonitis, followed by | | | | | | | |
| Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | Ernest Rowland | | | |
| | | | | Address | | Liberty Grove Md | | | |
| Accident or Suicide? | | | | | | | | | |



Name
in
Full

Christiana J. Osbourn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Fredericktown^{County} Cecil

MARYLAND

Date
of death 190

Month Sept

Day 2

Age 77

Months

Days

Sex

female

Color or
Race

White

Birth-
place

Salem N.J.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Edward S. Osbourn

Father's
Name

Joseph Hall

Father's
Birthplace

N.J.

Mother's
Maiden Name

Rachel A. Johnson

Mother's
Birthplace

N.J.

Name of person giving
Information

Louis H. Osbourn

How related
to deceased

son

CAUSES OF DEATH

Primary

Chronic Diarrhea

How long

four years

Immediate

Paralysis of heart

How long

instantly

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. W. S. Latimer,

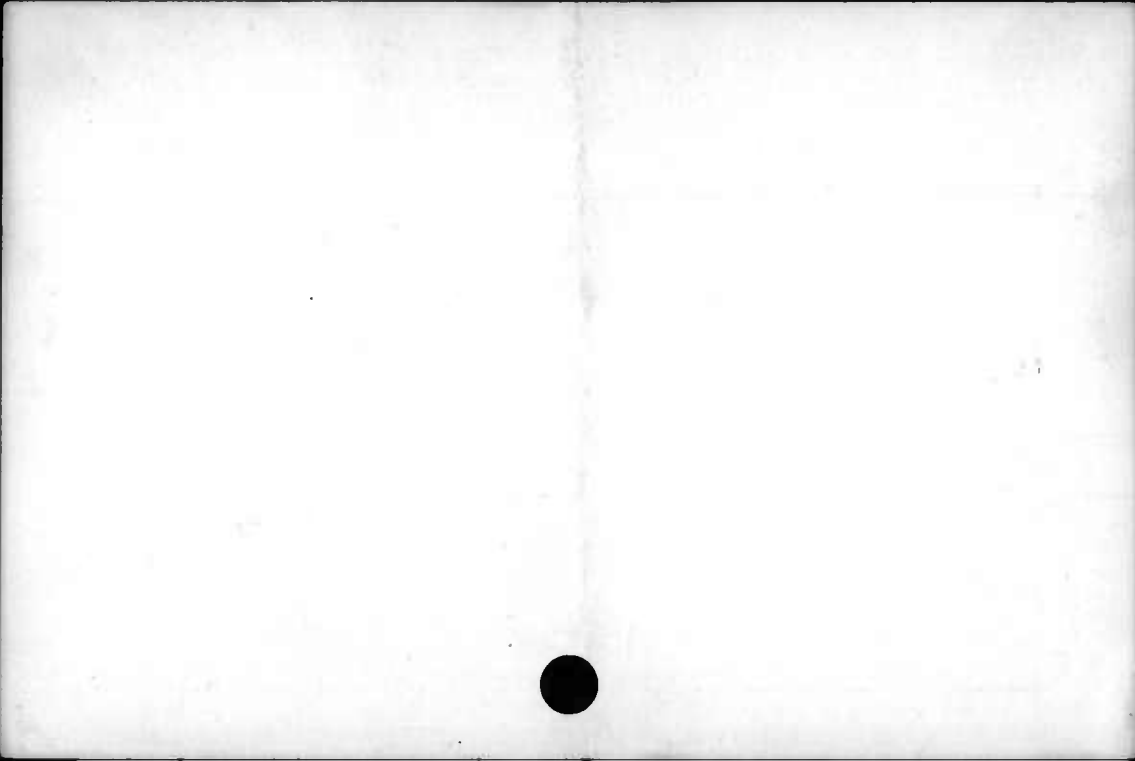
Address

Galena,

Ind.

Accident or Suicide?

PHYSICIAN
OR CORONER



Benjamin M. Rees

Town North Ebor County Cecil MARYLAND

Died at

Date 1903 Sep 15 Age 81

Male White Married ~~Widow~~ Native of Cecil Occupation Farmer

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living 2

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

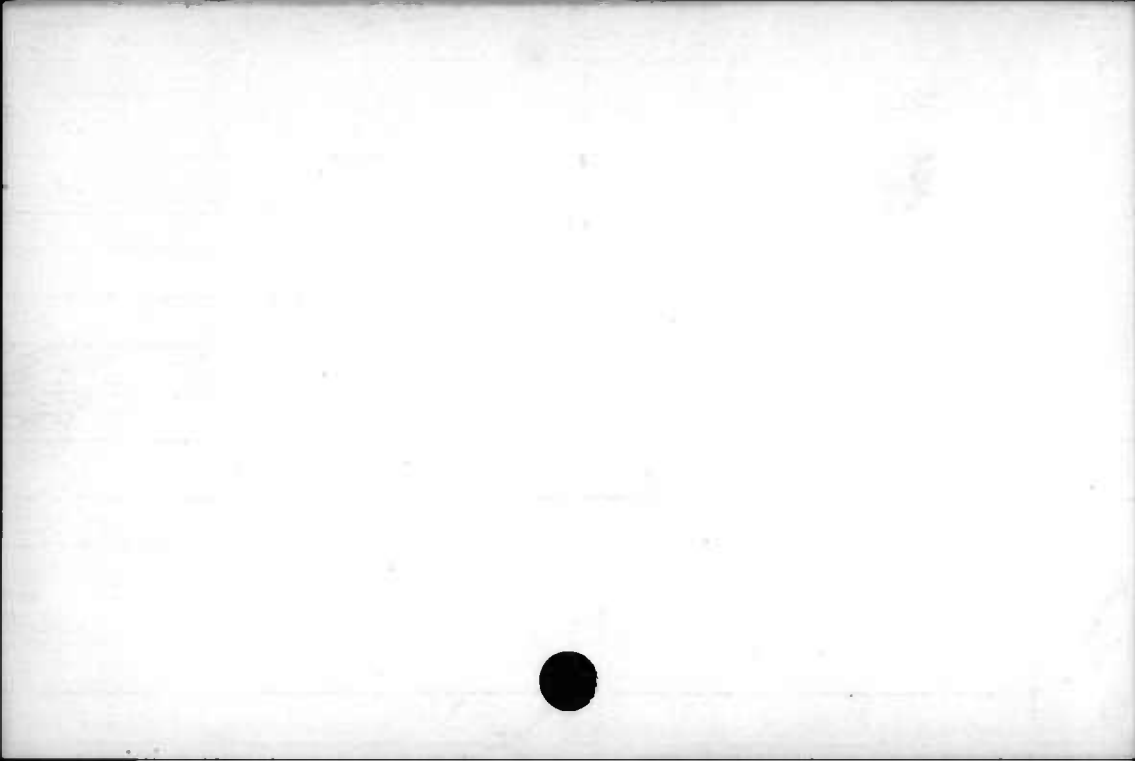
Reported by

Address

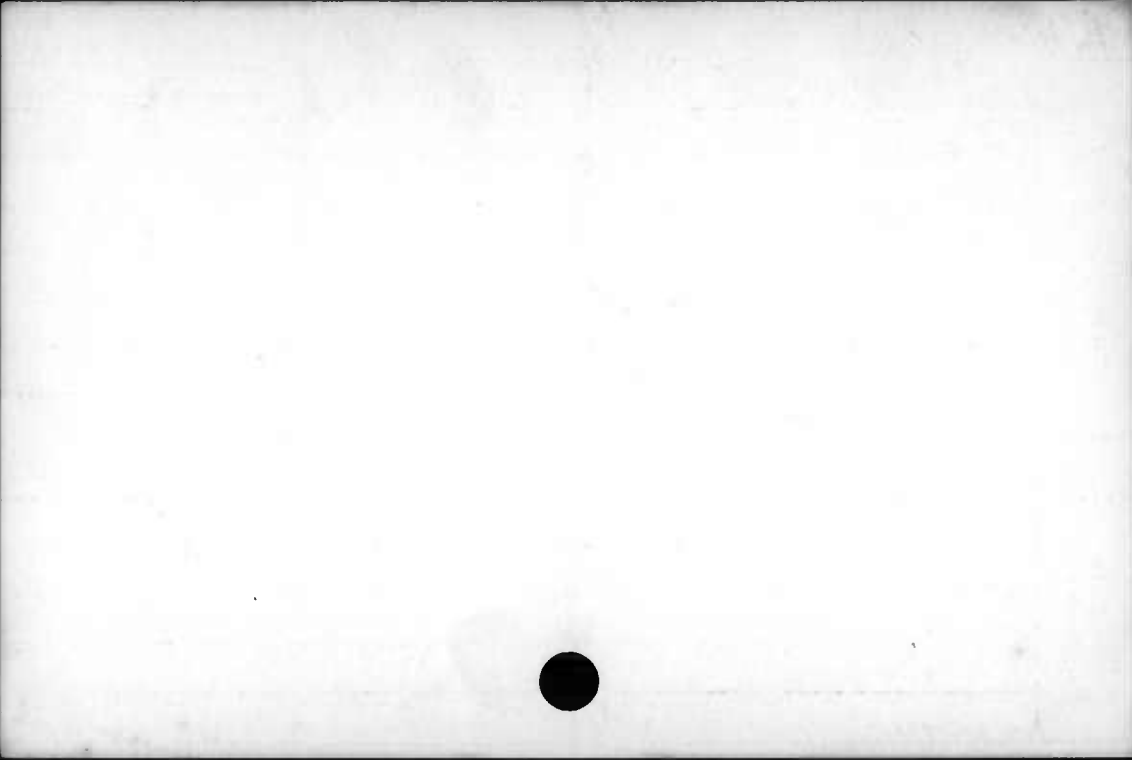
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

| | | | | | | | |
|-------------------------------------|----------------------------|----------------------|---------------|---------------|--------------|-------------------------|-------------|
| Name in Full | | Araminta Jane Sewell | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | 3rd dist Town | | Beele County | | MARYLAND |
| | Date of death 190 | 3 | Month | Sept | Day | 30 | Age |
| | | | | | Years | 18 | Months |
| | | | | | Days | | |
| | Sex | Female | | Color or Race | Black | | Birth-place |
| | | | | | | | 3rd dist |
| | Married, Single or Widowed | | Single | | Occupation | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | | John Sewell | | | | Father's Birthplace | |
| Mother's Maiden Name | | Emma S. Pullman | | | | Mother's Birthplace | |
| Name of person giving information | | | | | | How related to deceased | |

| | | | | | |
|-------------------------|--|-----------------|------------------------|--|-----------------|
| | | CAUSES OF DEATH | | | |
| PHYSICIAN OR CORONER | Primary | Consumption | | | How long |
| | Immediate | | | | How long |
| | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | Howard Bralton |
| | | | Address | | Health Officer |
| | | | | | Henry Vinsinger |
| Accident or Suicide? | | Undulaker | | | |



| | | | | | | | |
|---|---|------------|-------------------------|--|----------------------------|----------------------|-----------------|
| Name in Full | | John Stout | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town Near Earleville | County Cecil | | MARYLAND | |
| | Date of death 190 | Month 9 | Day 15 | Age | Years 25 | Months | Days |
| | Sex | male | | Color or Race | Colored | | Birth- place |
| | Married, Single or Widowed | | Single | | Occupation | | |
| | Name of Wife or Husband | | Farm Hand | | | | |
| | Father's Name | | 27. | | Father's Birthplace | | |
| | Mother's Maiden Name | | | | Mother's Birthplace | | |
| | Name of person giving In formation | | Lem Harding Col | | How related to deceased | | |
| | | | | None | | | |
| <div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Consumption | | | How long | |
| | | | | | | 6 Mo | |
| | Immediate | | | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | |
| | | | | | None | | |
| | | | | Address | | | |
| | | | | J. H. Black. Sub Regstr Cecilton. Md. | | | |
| Accident or Suicide? | | | | | | | |



Name
in
Full

Mrs Cyrus T. Wesley

CERTIFICATE OF DEATH

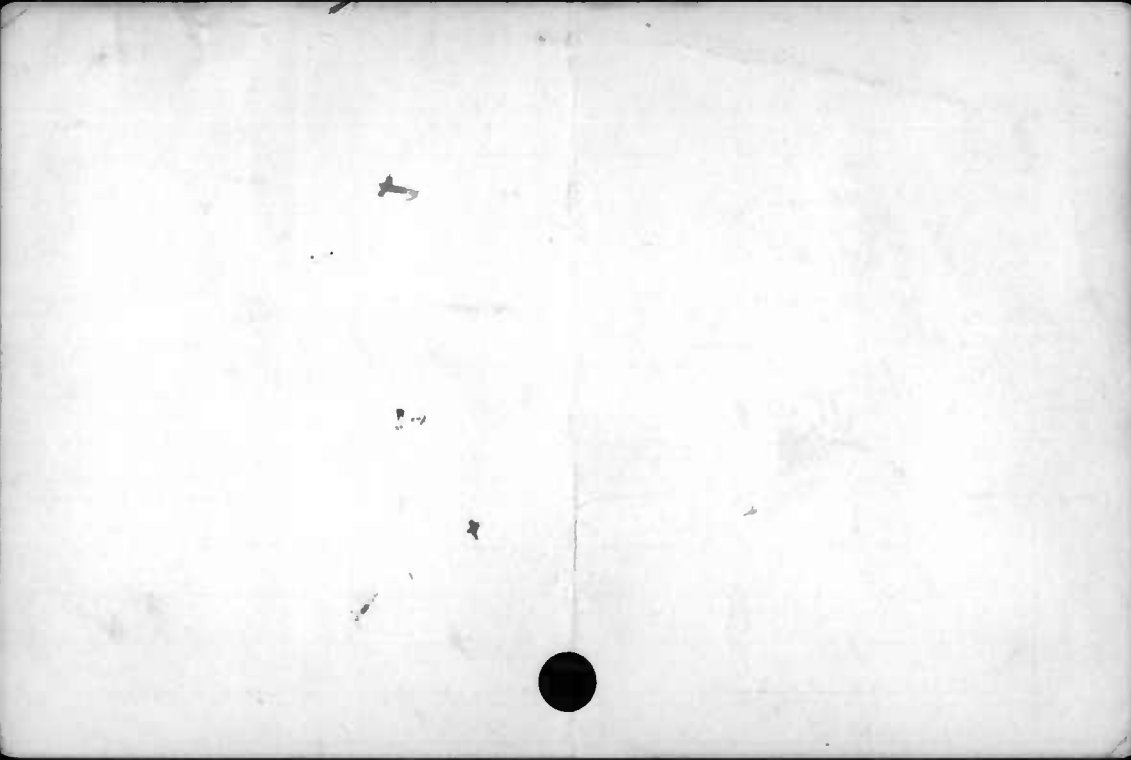
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|----------|--|----------|----------------------------------|-----------|-----------------------|-----------|
| Died at <i>Pleasant Hill</i> | | Town <i>Hill</i> | | County <i>Cecil</i> | | State <i>MARYLAND</i> | |
| Date of death 190 | <i>3</i> | Month | <i>9</i> | Day | <i>27</i> | Years | <i>69</i> |
| Sex <i>Female</i> | | Color or Race <i>Black</i> | | Birth-place <i>—</i> | | Months <i>—</i> | |
| Married, Single or Widowed <i>Widowed</i> | | Occupation <i>Skills Rebecca Blake</i> | | Days <i>28</i> | | | |
| Name of Wife or Husband <i>Cyrus T. Wesley</i> | | | | Father's Name <i>—</i> | | | |
| Mother's Maiden Name <i>Skills Rebecca Blake</i> | | | | Father's Birthplace <i>— 104</i> | | | |
| Name of person giving information <i>Wm H. Wesley</i> | | | | Mother's Birthplace <i>—</i> | | | |
| | | | | How related to deceased <i>—</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Gastritis</i> | How long <i>2 months</i> |
| Immediate <i>Exhaustion</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Dr. J. H. Givens</i> |
| <i>Yes</i> | Address <i>—</i> |
| Accident or Suicide? | <i>md</i> |



Name
in
Full

Lydia A. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | |
|--|--|---------------------------|-----------------|-------------------------------|--|---|--|------|
| Died at 3rd TOWN | | | County Beebe | | | MARYLAND | | |
| Date of death 1903 | | Month Sept | Day 6 | Age Years | | Months 7 | | Days |
| Sex Female | | Color or Race Black | | Birth- place Newark Del | | | | |
| Married, Single or Widowed Single | | | | Occupation | | | | |
| Name of Wife or Husband | | | | | | | | |
| Father's Name | | | | 105 | | Father's Birthplace | | |
| Mother's Maiden Name | | | | | | Mother's Birthplace | | |
| Name of person giving Information Prudy Williams | | | | | | How related to deceased Aunt mother | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--|--|--|
| Primary Enteric Colitis | | How long 10 days | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician Howard Bratten, | |
| | | Address Health officer - | |
| Accident or Suicide? | | - BTZ - | |

Could find out practically
nothing in regard to parentage
of this child -
Pondy Williams could not get it or
found it somewhere in Delaware.
Verbal report from Dr Cawley
that its death was caused by
Enterocolitis -

Name In Full

Certificate of Death

Rhoda V. Wilson

C.D. District

Town

County

Died at

Rising Sun

Cecil

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

9 13

Age 35 1 2

Annone

~~Male~~

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Chas H. Wilson

Mother's

Maiden Name

Elizabeth H. Fisher

Cause of

Primary

Tuberculosis

How long sick

4 yrs

Death

Immediate

Manchen E. L. L. L.

Accident, Suicide, Homicide

Reported by

John O. L. L.

Address

Rising Sun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

